



1835 W. County Rd C, Suite 80, Roseville, MN 55113

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Demographic Information

Date: (office use) MRN:

Contact Information

Last Name: First Name: Mid Int:

DOB: Sex: M F Single Married Divorced Widowed

Address:

City: State: Zip Code:

Home Phone: Cell Phone: Work Phone:

Which phone is primary: home cell work Do we have permission to leave a detailed message on all phones/email?

Would you like text reminders? Yes No Email:

Employment status: FT PT Unemployed Homemaker Self-employed Retired:

Occupation:

Race: American Indian/Alaska Native Hispanic/Latino Asian Black/African American Native Hawaiian/Pacific Islander White

Ethnicity: 1st language: 2nd language:

Emergency Contact Information

Name: Phone:

Relationship to you: May we speak with this person regarding your schedule or care? Y N

Insurance Information

How will you be paying for your medical services? Insurance Self Pay Other

PRIMARY INSURANCE:

Insurance Name: Subscriber: DOB:

Group#: Member Id:

SECONDARY INSURANCE:

Insurance Name: Subscriber: DOB:

Group#: Member Id:

How did you hear about Spartz Vein Clinic?

I hereby authorize my insurance benefits to be paid directly to Spartz Vein clinic or representative of Spartz Vein clinic. I understand that I am responsible for all charges incurred for my care and I am responsible to pay for non-covered services. I also authorize the release of pertinent medical information necessary to process my insurance claims.

Signature: Date: